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Secretary of State

01-07-2004 90027 043 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000014457

1. Entity Name
THE SHIRCLIFF AND SISISKY COMPANY

Principal Place of Business	Mailing Address
6676 EPPING FOREST WAY SOUTH JACKSONVILLE, FL 32217	6676 EPPING FOREST WAY SOUTH JACKSONVILLE, FL 32217

01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
225 WATER STREET	225 WATER STREET
Suite, Apt. #, etc.: SUITE 1200	Suite, Apt. #, etc.: SUITE 1200
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE, FL
Zip: 32202 Country: USA	Zip: 32202 Country: USA

4. FEI Number: 55-0917577 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD, SISISKY L
6676 EPPING FOREST WAY SOUTH
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name: RICHARD L. SISISKY
Street Address (P.O. Box Number is Not Acceptable): 225 WATER STREET
SUITE 1200
City: JACKSONVILLE FL Zip Code: 32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] RICHARD L. SISKY 06 JANUARY 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SISISKY, RICHARD		NAME	
STREET ADDRESS	6676 EPPING FOREST WAY SOUTH		STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RICHARD L. SISISKY 06 JANUARY 2004 904-353-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #